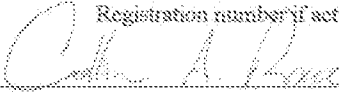


| | | |
|--|---|---------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i> | | Docket Number (Optional) 139-43100 |
| Application Number 10/804,669 | Filed March 19, 2004 | |
| For Seismic Acquisition System | | |
| Art Unit 3663 | Examiner Scott A. Hughes | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | Fee \$120 | Small Entity Fee \$60 |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2060 | \$1030 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-2769. I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,036</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(s). Registration number if acting under 37 CFR 1.34(s) _____ | | |
|  _____ Signature Collin A. Rose Typed or Printed Name | _____ Date February 9, 2007 (713) 238-8000 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted | | |